

# Dental

The following standard is provided to assist the insurer in submitting a filing. This is a brief synopsis and not intended to be all-inclusive or contain all requirements or exceptions. All references should be reviewed for compliance. References beginning with “31A” refer to Utah Code Annotated (U.C.A.) and those beginning with “R590” refer to department rules under Utah Administrative Code (U.A.C.). As required by U.C.A. § 31A-21-201(2), the insurer is responsible for assuring that all filings submitted are in compliance. Filings found to be out of compliance may be referred to our Market Conduct Division for review and possible action.

## Filing

Subject	I	G	Citation	Description
Confidentiality / Classification of Documents	X	X	63G-2-309 R590-220-16	An issuer may consider some of the information filed to be privileged, proprietary, or confidential. A request shall be submitted for protection classification that complies with Section 63G-2-305 when the filing is submitted.
Filing Submission	X	X	31A-21-201 R590-220 Department Bulletin	A licensee and filer are responsible for assuring that a filing, as defined in R590-220-4(10), is in compliance with Utah laws and rules. Non-compliant filings will be rejected and not considered filed with the department.
Form Number	X	X	R590-220-7(1)(b)	Each form must be clearly identified by a unique form number, and the form number shall not be variable.
Variability	X	X	R590-220-6(4)(f) R590-220-7	All variable data must be bracketed and with an explanation, either by imbedding in the form, or by a separate form identified by its own unique form number and edition date. Changes to the variable data must be refiled prior to use. Blank spaces must be completed in John Doe fashion.

## General

Subject	I	G	Citation	Description
Age	X	X	31A-22-613 R590-126-6(8)	If age is used as a determining factor affecting premium or coverage it must be disclosed.
Appeal / Grievance Process	X	X	31A-22-629 R590-203	Requirements for adverse benefit determination reviews. Utah has adopted the federal claims regulations for a grievance review process. Independent review procedures can be provided as a voluntary option.
Application	X	X	31A-21-201(3)(a)(iii) R590-126-6(1)	The application must conspicuously provide the insurers exact name and domicile state. Questions and required statements must be in compliance.
Arbitration	X	X	31A-21-313 & 314 R590-122	If included, a permissible arbitration provision shall be properly disclosed in the policy, certificate, application, and enrollment forms. It may not deprive Utah courts of jurisdiction over an action against an insurer. Permissible: -Optional binding arbitration at the exclusive election of an insured party. -Both compulsory and optional binding arbitration at the election of either the insured or the insurer. NOT permissible: -Compulsory non-binding arbitration
Cancellation, Renewability, and Termination	X	X	31A-22-716 R590-126-5(3)	Each policy shall include a renewal or non-renewal provision. Such provision shall be appropriately captioned, and shall appear on the first page of the policy. When discontinuing or non-renewing a plan the issuer shall include the number of policyholders, covered lives affected, and identify plan(s) currently marketed with the most similar replacement.
Certificate		X	31A-21-311	The certificate shall contain a summary of all the benefits, exclusions and limitations, and any rights of conversion.
Claim Settlement	X	X	31A-26-301.6 R590-192	Provide fair and rapid settlement of claims and protection of claimants from unfair claims settlement practices. Interest must be paid when claim is not paid timely.
Company Name	X	X	31A-21-201, 301 & 311	The exact name of the insurer and its state of domicile must appear conspicuously in the policy, certificate, application, and any other applicable forms. Variability is not permitted.
Definitions	X	X	31A-1-301 R590-126-3	Forms must comply with these definitions, the Uniform Glossary, and any others as applicable.
Discretionary Clauses		X	R590-218 Bulletin 2002-7	Reservation of discretion clauses are strictly prohibited unless they are associated with an ERISA plan. If the forms contain a reservation of discretion clause, the disclosure language shall be substantially similar to that found in code.
Endorsement or Rider	X	X	31A-21-106 R590-126-6(3) & (4)	A contract may not be modified unless it is in writing and requires a signed acceptance by the policyholder. If additional premiums are charged for endorsement benefits, the premium shall be disclosed on the policy or certificate.
Examination Period	X		31A-22-606	Required notice stating the timeframe and right to return a policy for any reason.

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Felony, Riot, Insurrection or Illegal Activities	X	X	31A-21-201 R590-126-4(4)	May exclude losses resulting from an insured's voluntary participation in a felony, riot, insurrection, or similar act.
Grace Period	X	X	31A-22-607	Policies shall provide a grace period. An in-force policy cannot be terminated prior to the end of the grace period. Group policies must provide a 30 day grace period and remain in-force.
Incontestability	X	X	31A-22-609	Only a fraudulent misstatement regarding insurability is a basis for avoidance after coverage has been in effect for two years.
Incorporation by Reference	X	X	31A-21-106 Bulletin 94-1	A form may not incorporate any provision not fully disclosed, unless citing a federal or state law, rule, or public directive.
Jurisdiction	X	X	31A-21-314	Policy cannot contain any provision requiring it to be construed according to the laws of another jurisdiction, or deny Utah courts jurisdiction.
Limitation of Actions	X	X	31A-21-313	No action may be brought against an insurer until the earlier of: 60 days after proof of loss, waiver by the insurer of proof of loss, or the insurer's denial of full payment, and shall commence within three years after the inception of the loss.
Limitations or Exclusions	X	X	31A-21-201 R590-126-4	Forms shall not limit or exclude coverage or benefits except as pre-approved by the commissioner.
Nondiscrimination Among Health Care Professionals	X	X	31A-22-618	No insurer may unfairly discriminate against any licensed class of health care providers by structuring contract exclusions that exclude payment of benefits for the treatment of any illness, injury, or condition by any licensed class of health care providers when the treatment is within the scope of the licensee's practice.
Notice and Proof of Loss	X	X	31A-21-312 Bulletin 87-6	Proof of loss provision must allow the insured or claimant to file the notice and/or proof of loss as soon as reasonably possible. Failure to give any notice or file any proof of loss within the time specified neither invalidates a claim nor does it bar recovery under the policy.
Notice of Termination		X	31A-22-716	Every policy shall include a provision that obligates the policyholder to give 30 days prior written notice to each member.
Outline of Coverage	X		R590-126-8(10), (12), (13), (15), (16)	The required content and format of the policy summary.
Overpayment / Payment Recovery	X	X	31A-26-301.6(14) 31A-21-108 R590-131-8.D & F	Recovery of an amount improperly paid to a provider or insured shall be in accordance with the timeframes outlined under law and pursuant to the subrogation and right of recovery provisions.
Physical Exam	X	X	31A-21-201	If an insurer requires a physical exam, the insurer must pay for such exam.
Preauthorization	X	X	31A-22-639	Preauthorization requirements shall be disclosed.
Preferred Provider Provisions	X	X	31A-22-617(2)	An issuer using preferred health care provider contracts is subject to the reimbursement requirements in Section 31A-8-501(4) and shall reimburse a non-contracting provider or the enrollee a like dollar amount it pays to its contracting providers.
Premium Change	X		R590-126-5(14)	Notice of premium change must be given to policyholder in advance, pursuant to code.
Reinstatement	X		31A-22-608	Required reinstatement provision.
Replacement	X		R590-126-9	Notice required when sale involves replacement of another policy, if applicable.
Return of Premium	X	X	31A-21-302 31A-21-315	Any excess premium must be returned and does not have to be requested.

## Dependent

Subject	I	G	Citation	Description
Administrative or Court Ordered Coverage	X	X	31A-22-610.5	Coverage must be provided without regard to the enrollment season, dependency, residency or service area. Unless otherwise specified in a court order, coverage must remain in force as it would for any other dependent.
Coverage from the Moment of Birth or Date of Placement	X	X	31A-22-610	<p>If a policy provides coverage for any member of a policy or certificate holder's family, the policy shall provide coverage for:</p> <ol style="list-style-type: none"> <li>1. A newborn child from the moment of birth; and</li> <li>2. An adopted child, from the moment of birth if placement for adoption occurs within 30 days of the child's birth, or from the date of placement if placement for adoption occurs 30 days or more after the child's birth.</li> </ol> <p>Placement for adoption may not be defined more restrictively than the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of the adoption of the child.</p> <p>Notification, enrollment, and additional premium, if required, shall be completed within 30 days.</p>

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Dependent Eligibility	X	X	31A-22-610.5	If dependents are covered, the following apply: - dependents must be covered up to age 26 - all dependents must be treated equally (step, court or administrative ordered, etc) - cannot require student status - cannot require residency status - coverage shall continue in force through the last day of the month
Disabled Dependents	X	X	31A-22-611	A policy that provides coverage for dependents shall provide coverage for disabled dependents that have been continuously covered under any accident and health insurance coverage since age 26 with no break in coverage of more than 63 days. The insurer may not require proof more often than annually after the two-year period immediately following attainment of the limiting age by the dependent with a disability.
Spouse Rights	X	X	31A-22-612 R590-126-5(2)	Applicable provisions for a spouse.
Specific				
<b>Subject</b>	<b>I</b>	<b>G</b>	<b>Citation</b>	<b>Description</b>
Coordination of Benefits	X	X	31A-22-619 R590-131	Established order of benefit coordination. Benefits may not be reduced on the basis that an insured is eligible for other coverage, Medicare, or other government programs. Benefits may be coordinated to the extent benefits are paid. *Applies to non-indemnity products only.
Emergency Services	X	X	31A-22-627	Definition of "Emergency Medical Condition" and coverage requirements.
Mini-COBRA		X	31A-22-722	Applicable to groups that do not have COBRA rights. Allows extension of benefits under the group policy for twelve months.
Notice to Buyer	X		R590-126-6(15)	Required disclosure.
Certified SADP				
<b>Subject</b>	<b>I</b>	<b>G</b>	<b>Citation</b>	<b>Description</b>
Essential Health Benefit (EHB)	X	X	31A-2-212 R590-266	Health care service categories included in non-grandfathered health benefit plans. Pediatric dental benefits may be offered in a Stand Alone Dental Plan (SADP)
Rating				
<b>Subject</b>	<b>I</b>	<b>G</b>	<b>Citation</b>	<b>Description</b>
Requirements	X		R590-85	All rate filings must contain -Utah and nationwide experience -Current rates and proposed rates -Prior rate related SERFF tracking numbers -Average annual premium per policy -Other information as required in the code
Reporting				
<b>Subject</b>	<b>I</b>	<b>G</b>	<b>Citation</b>	<b>Description</b>
Plan of Orderly Withdrawal	X	X	31A-4-115	Prior to withdrawing from offering a line of insurance, a carrier must provide: -a notice of discontinuance at least 180 days prior to discontinuance to affected insureds, and -a request in writing, at least 30 working days prior to the 180 day requirement, for approval by the commissioner.

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